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TRADEMAILED
Typed or Printed Name

Steven F. Goldstein

Signature

Steven F. Goldstein

Date

July 18, 2001

**INFORMATION
DISCLOSURE STATEMENT**

Address to:
Commissioner for Patents
Washington, D.C. 20231

Attorney Docket	06510203
First Named Inventor	Raz et al.
Application Number	09/828,505
Confirmation No.	6822
Filing Date	April 6, 2001
Group Art Unit	1645
Examiner Name	Unassigned
Title	<i>Synergistic Improvements to Polynucleotide Vaccines</i>

Sir:

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-1449 listing the references and copies of the cited references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement is not intended as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that any one of the above references constitutes prior art to the present application within the meaning of 35 U.S.C. §102.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. If, however, the PTO finds that for some reason a fee is due, our Deposit Account No. 50-0815 may be charged therefor.

Respectfully submitted,
BOZICEVIC, FIELD & FRANCIS LLP

By:

Carol L. Francis
Carol L. Francis
Registration No. 36,513

Date: July 18, 2001
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F:\FORMS\Word 2K forms\IDS - before 1st OA.doc

CERTIFICATE OF MAILING

1645

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Name (Print or Type)	Steven F. Goldstein	Signature	<i>Steve F. Goldstein</i>	Date	July 18, 2001
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 Combined Transmittal and Fee Calculation Sheet		Application Number	09/828,505
		Confirmation Number	6822
		Filing Date	April 6, 2001
		First Named Inventor	Raz et al.
<input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Large Entity		Examiner	Unassigned
		Group Art	1645
		Attorney Docket No.	06510203

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ENCLOSED:	Claims	No. of claims as filed or after amendment	Most claims previously paid for	# Extra Claims	Rate	Totals
<input type="checkbox"/> Amendment Under Rule	Total				\$	-
<input type="checkbox"/> 37 CFR § _____	Independent				\$	-
<input type="checkbox"/> Pages _____	Multiple					
Total Extra Claim Fees					\$	-

<input type="checkbox"/> Extension of time from _____ to _____	Fee
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<input type="checkbox"/> Response to File Missing Parts (with copy of formalities letter)	
<input type="checkbox"/> Filing Fee	Fee _____
<input type="checkbox"/> Executed Declaration	Pages _____ Surcharge Fee _____
<input type="checkbox"/> Other _____	Fee _____
	Subtotal \$ -

<input checked="" type="checkbox"/> Information Disclosure Statement	
<input checked="" type="checkbox"/> PTO Form 1449	Pages _____
<input checked="" type="checkbox"/> 20 Copies of Cited References	Fee _____
<input type="checkbox"/> Other _____	Fee _____
	Subtotal \$ -

<input type="checkbox"/> Response to Notice to Comply (with copy of Notice to Comply)	
<input type="checkbox"/> Sequence Listing Certification	
<input type="checkbox"/> Paper Copy of Sequence Listing	Pages _____
<input type="checkbox"/> Diskette in computer-readable format	
<input type="checkbox"/> Other _____	Fee _____

<input type="checkbox"/> Terminal Disclaimer	Fee		
<input type="checkbox"/> Appeal to Board of Appeals and Appeal Communication to Group			
<input type="checkbox"/> Notice of Appeal	Pages	Fee	
<input type="checkbox"/> Appeal Brief in Triplicate	Pages	Fee	
<input type="checkbox"/> Reply Brief	Pages	Fee	\$ -
		Subtotal	\$ -
<input type="checkbox"/> Other Enclosures and/or Fees	Fee _____		
<input type="checkbox"/> Change of Correspondence Address			
<input checked="" type="checkbox"/> Return Receipt Postcard	TOTAL FEES \$ -		
<p>The Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Deposit Account 50-0815. If additional fees are required, including extensions of time, please consider this a petition therefore. A duplicate copy of this transmittal is enclosed.</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	Carol L. Francis	Registration No.	36,513
Signature	<i>Carol L. Francis</i>	Date	<i>July 18, 2001</i>
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